

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNTS (Ethics Commission filers) 700 JAN 15 P 23:09 Total pages filed: 14

| | | | | | |
|--|---|----------------|----------------|---|----------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | | |
| | Mr | Jose | G | | |
| | "Joe" | Farias | | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | 211 shrine | | San Antonio TX | | 78221 |
| 5 CAMPAIGN TREASURER NAME | TITLE | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | | |
| | Mr. | Gabriel | D | | |
| | "Gabe" | Farias | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; |
| | 5010 EL Capitan | | | San Antonio TX | 78233 |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (210) | 599-4930 | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year |
| | 01 | 02 | 2003 | | 01 / 15 / 2003 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month | Day | Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| | 5 / 3 / 2003 | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) | |
| | Harlandale School Board | | | San Antonio City Council Dist 3 | |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. | | | | |
| | Name | | | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Jose G Farias

200 JAN 15 P 3:09

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

Include FRANK contributions

\$

2857.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1571.05

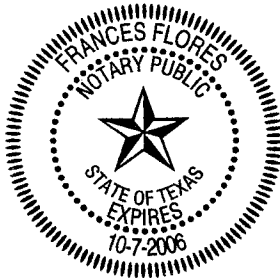
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jose G. Farias

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose Farias, this the 15 day of January, 20 03, to certify which, witness my hand and seal of office.

Frances Flores

Signature of officer administering oath

Frances Flores

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JAN 15 2 3:09

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1 of 4

2 FILER NAME

Joe G. Farias

3 ACCOUNT # (Ethics Commission files)

4 Date

1/2/03

5 Full name of contributor

John McRae

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1.00

8 In-kind contribution description (if applicable)

Campaign headquarters BLDC

6 Contributor address: City: State: Zip Code

4007 S. FRESA
San Antonio TX 78223

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/11/03

Full name of contributor

James Pruski

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$107.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

8040 FLAGSTONE HILL
SA TX 78006

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

Vincent Luzzo

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

115 E. TRAVIS
San Antonio TX 78214

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

Felipe Rodriguez

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

214 SHRINE
San Antonio TX 78221

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

Mary Ruth Asher

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$53

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4235 GOLDEN SPICE DR.
San Antonio TX 78224

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JAN 15 P 3:09

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 of 4

2 FILER NAME

Jose G Fariez

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/11/03

5 Full name of contributor

Mark Sanchez

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

\$250

8 In-kind contribution
description (if applicable)

6 Contributor address: City: State: Zip Code

115 E. TRAVIS
San Antonio TX 78205

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/11/03

Full name of contributor

Bill Ritherhouse

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

8502 WINDY CROSS
San Antonio TX 78239

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

Cheryl Rodriguez

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

2247 RIPPING HILL
San Antonio TX 78232

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

Phillip Rodriguez

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

7122 PINEVILLE
San Antonio TX 78227

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

Mike Bernal

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

\$75

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

San Antonio TX 78213

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JAN 15 10 3:09

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

3054

2 FILER NAME

Jose G Farías

3 ACCOUNT # (Ethics Commission files)

4 Date

1/11/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mary Hicks

6 Contributor address: City: State: Zip Code

315 WARE
San Antonio TX 78221

7 Amount of
contribution (\$)

\$101

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/11/03

Full name of contributor

☐ out-of-state PAC (ID#)

Tere Veliz

Contributor address: City: State: Zip Code

123 GENEVIE
San Antonio TX 78221

Amount of
contribution (\$)

\$57

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

☐ out-of-state PAC (ID#)

Travis Johnson

Contributor address: City: State: Zip Code

16404 DURANGO CREEK
San Antonio TX 78247

Amount of
contribution (\$)

\$250

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

☐ out-of-state PAC (ID#)

Encique Martinez

Contributor address: City: State: Zip Code

214 PATTEN
San Antonio TX 78201

Amount of
contribution (\$)

\$58

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/11/03

Full name of contributor

☐ out-of-state PAC (ID#)

Roland Gutierrez

Contributor address: City: State: Zip Code

3315 S. PRESA
San Antonio TX 78210

Amount of
contribution (\$)

\$200

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JAN 15 P 3:09

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

4 of 4

2 FILER NAME

Jose b Forries

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/11/03

5 Full name of contributor

Velma Ybarra

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

510 WARE
San Antonio TX 78221

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/11/03

Full name of contributor

Lillian Zapata

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

425 E. WHITE
San Antonio TX 78214

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

RECEIVED
FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2003 JUN 15 P 3:09 PM

2 FILER NAME

Jose G. Farinas

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address:

City: State: Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15
Total pages Schedule E:
1031

2 FILER NAME

Jose G. Farías

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7 Name of lender**☐ out-of-state PAC (ID#: _____)**9 Loan Amount (\$)****6 Is lender a financial institution?**

Y N

8 Lender address; City; State; Zip Code**10 Interest rate****11 Maturity date****12 Description of Collateral**☐ none**13 GUARANTOR INFORMATION****14 Name of guarantor****16 Amount Guaranteed (\$)**☐ not applicable**15 Guarantor address; City; State; Zip Code****17 Principal Occupation****18 Employer**

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 12:31

1 Total pages Schedule F

1 of 2

2 FILER NAME

Jose G. Farinas

3 ACCOUNT # (Ethics Commission filers)**4 Date**

1/11/03

5 Payee name

Bud Jones Rest.

7 Amount (\$)

\$91.42

6 Payee address: City: State: Zip Code

1440 SW Military San Antonio TX 78221

8 Purpose of payment (See instructions regarding type of information required.)

Food For Meeting.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/11/03

Payee name

Home Depot

Amount (\$)

\$107.39

Payee address: City: State: Zip Code

527 Fair SAYA 78223

Purpose of payment (See instructions regarding type of information required.)

Construction Material For Campaign Office

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

1/09/03

Payee name

Home Depot

Amount (\$)

\$44.52

Payee address: City: State: Zip Code

527 Fair SAYA 78223

Purpose of payment (See instructions regarding type of information required.)

Constructive Material For Campaign Office

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

1/12/03

Payee name

Home Depot

Amount (\$)

\$63.75

Payee address: City: State: Zip Code

527 Fair SAYA 78223

Purpose of payment (See instructions regarding type of information required.)

Constructive Materials For Campaign Office

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 3:10
Total pages Schedule F:
2 of 2

2 FILER NAME

Jose G. Farinas

3 ACCOUNT # (Ethics Commission filers)**4 Date**

1/11/03

5 Payee name

DGL Election Services

6 Payee address; City; State; Zip Code

221 Cayo SATX 78224

7 Amount (\$)

\$400.00

8 Purpose of payment (See instructions regarding type of information required.)

District 3 residence list

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/13/03

Payee name

ZipPrint Printing & Sign

Payee address; City; State; Zip Code

10102 Roosevelt SATX 78214

Amount (\$)

\$242.72

Purpose of payment (See instructions regarding type of information required.)

50-yard Signs

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

1/8/03

Payee name

ZipPrint Printing & Sign

Payee address; City; State; Zip Code

10102 Roosevelt SATX 78214

Amount (\$)

\$258.90

Purpose of payment (See instructions regarding type of information required.)

Magnetic Door Signs

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

1/10/03

Payee name

Munguia Printers Inc.

Payee address; City; State; Zip Code2201 Burnside
San Antonio TX 78207**Amount (\$)**

\$362.35

Purpose of payment (See instructions regarding type of information required.)

Printing work

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 3:10
1 of 1
Total pages Schedule G**2 FILER NAME**

Jose G. Farías

3 ACCOUNT # Ethics Commission filers)

| | | |
|---------------|--|--|
| 4 Date | 5 Payee name | 8 Amount (\$) |
| | 6 Payee address; City; State; Zip Code | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 P 3:10
Total pages Schedule H
1531**2 FILER NAME**

Jose G Forico

3 ACCOUNT # (Ethics Commission filers)**4 Date****5 Business name****7 Amount**
(\$)**6 Business address:** City: State: Zip Code**8 Purpose of payment** (See instructions regarding type of information required.)

N/A

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

2003

1 Total pages: 3
JAN 15 1997

2 FILER NAME

Jose G Faries

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount (\$) |
|--------|--|---------------|
| | <p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> | |
| | <p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> | |
| | <p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> | |
| | <p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> | |
| | <p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

2003 1 JAN 15 5:23:10
Total pages Schedule K: 10
1071

2 FILER NAME

Jose G. Farías

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit | 8 Amount (\$) |
|--------|---|---------------|
| | <div> <div>Payor name</div> <div>Payor address; City; State; Zip Code</div> <div>Reason for credit</div> </div> | |
| | <div> <div>Payor name</div> <div>Payor address; City; State; Zip Code</div> <div>Reason for credit</div> </div> | |
| | <div> <div>Payor name</div> <div>Payor address; City; State; Zip Code</div> <div>Reason for credit</div> </div> | |
| | <div> <div>Payor name</div> <div>Payor address; City; State; Zip Code</div> <div>Reason for credit</div> </div> | |
| | <div> <div>Payor name</div> <div>Payor address; City; State; Zip Code</div> <div>Reason for credit</div> </div> | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

